MINUTE NOT YET ENDORSED AS A CORRECT RECORD

GREATER GLASGOW NHS BOARD

Minutes of a Meeting of the
Greater Glasgow Health and Clinical Governance Committee
held in the Board Room, Dalian House,
350 St Vincent Street, Glasgow, G3 0YZ
on Monday 21 March 2005 at 2.00 pm

P R E S E N T

Professor D H Barlow (in the Chair)

Councillor D Collins
Ms R Dhir
Professor L Gunn
Mr G McLaughlin
Mrs J Murray

I N A T T E N D A N C E

Prof Sir J Arbuthnott	..	Chairman, Greater Glasgow NHS Board
Dr B N Cowan	..	Medical Director, Greater Glasgow NHS Board
Mrs R Crocket	..	Director of Nursing, Primary Care Division
Mrs S Gordon	..	Secretariat Manager (Minutes 33 – 35)
Mr D J McLure	..	Senior Administrator, Area Clinical Effectiveness Office
Miss M C Smith	..	Director of Nursing, North Glasgow University Hospitals Division
Mrs E Stenhouse	..	Acting Director of Nursing, Yorkhill Division
Dr I W Wallace	..	Medical Director, Primary Care Division

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Mr J Best (Chief Executive, Yorkhill Division), Dr H Burns (Director of Public Health, Greater Glasgow NHS Board), Mr R Calderwood (Chief Executive, South Glasgow University Hospitals Division), Miss M Henderson (Director of Nursing, South Glasgow University Hospitals Division), Mr M P G Jamieson (Medical Director, Yorkhill Division) and Miss A Paul.

2. MEMBERSHIP

The Chairman welcomed new members, Ms Dhir, Mr McLaughlin and Mrs Murray, from the Divisional Clinical Governance Committees. He announced that Professor Gunn had intimated his resignation as one of the two co-opted members of the committee and there was discussion on seeking a replacement who, like Professor Gunn, had previous experience of Clinical Governance issues,

DECIDED:-

That the Head of Board Administration should be approached for advice on possible sources from which to obtain a replacement for Professor Gunn. **SECRETARY**

3. MINUTES

The Minutes of the meeting held on 27 July 2004 were approved as an accurate record.

ACTION BY

4. MATTERS ARISING FROM MINUTES

HDL (2004) 04 – CLINICIANS PLANNING TO UNDERTAKE NEW INTERVENTIONAL PROCEDURES

Further to Minute 31, Dr Cowan reported that the definition of "new procedures" in HDL (2004) 04 had now been clarified. The term referred to new interventional procedures rather than procedures new to each clinician, which had been the original interpretation.

NOTED

RISK MANAGEMENT AND THE HANDLING OF SERIOUS CLINICAL INCIDENTS

Further to Minute 33, Dr Cowan reported that the consultation process with regard to the Board's Risk Management Strategy had been completed. Consequently a strategy document would be submitted to the Board meeting on 22 March 2005 for approval.

NOTED

DISCHARGE LETTERS

Further to Minute 35, the Chairman reported that a response had been received from Mr Peter Hamilton, Chairman of the Involving People Committee (IPC), to the committee's support for the view that, following an evaluation of the experience in England of discharge letters being sent to both General Practitioners and patients, a Scottish-wide initiative should be pursued in the light of the lessons that emerged. The IPC had expressed support for the adoption of the English approach and recognised the need to improve communication despite any additional costs that might accrue.

DECIDED:-

That Dr Cowan would seek to ascertain at the next meeting of the Scottish Association of Medical Directors the current practice throughout Scotland regarding discharge letters and the resource implications of them being sent to both General Practitioners and patients as standard practice. **Dr COWAN**

5. NHS QUALITY IMPROVEMENT SCOTLAND – DIABETES LOCAL REPORT FOR NHS GREATER GLASGOW, MARCH 2004

Further to Minute 29, responses had been received in response to the concerns raised by the committee in respect of reported unresolved issues relating to Scottish Care Information-Diabetes Collaboration (SCI-DC) in relation to secondary care, and the shortfall in provision of a consultant screening service for retinopathy for patients with diabetes. Responses were submitted from Professor Andrew Morris (Chairman of the Scottish Diabetes Group), Dr Stephen Gallacher (Lead Clinician, Diabetes Managed Clinical Network), Ms Geraldine Meechan (IM&T Project Manger fro SCI-DC in acute hospitals in Glasgow) and Dr Fraser MacLeod (Primary Care Lead Clinician for Diabetes).

ACTION BY

With regard to SCI-DC, it was understood that a software upgrade had now been produced by SCI-DC in collaboration with the Greater Glasgow IM&T Project Team and should be available after 31 March 2005. However, it appeared that this would not resolve all software problems and a local mechanism would have to be provided to allow a version of SCI-DC to be used by all adult sites in Glasgow, provided it was approved by SCI-DC. The Diabetes MCN continued to be seriously concerned about the time slippage in the implementation of the project, which would now have to be extended by several months, and the resultant increased financial implications. Dr Gallacher had stressed that once the project was eventually fully implemented across Glasgow, the software would require a high level of continuing support for which there was currently no resource within Greater Glasgow's IT budget.

In reference to the continued inability of Greater Glasgow to attract sufficient consultant ophthalmology retinopathy provision to meet NHSQIS standards, Dr Cowan reported that with Dr Wallace he would be meeting Dr Stephen Gallacher, Dr Fraser MacLeod and Dr William Wykes (Lead Clinician, Retinal Screening Service) to make recommendations to the Health Board. It was understood that almost all Health Boards in Scotland were experiencing similar difficulties in obtaining consultant ophthalmology time for this service. Dr Gallacher had drawn attention to the frustration felt within Glasgow at the apparent lack of understanding of the realities of the situation by the National Retinopathy Screening Implementation Group (and indirectly also by NHSQIS). This was compounded by the view in Glasgow that the desired standard of service to patients could be well provided by competent non-consultant staff. Through the Diabetes Managed Clinical Network, Dr Gallacher had suggested to NHSQIS that revision of this standard should be considered in their work plan for 2005/6.

DECIDED:-

1. That issues raised in relation to software be referred to the Information and Communication Technology Board. **SECRETARY**
2. That the outcome of forthcoming discussions on recommendations relating to retinal screening provision for people with diabetes in Glasgow be awaited.

6. FATAL ACCIDENT INQUIRY

Further to Minute 32, the pan-Glasgow forum set up to look at the implications for Greater Glasgow of the recommendations of the Fatal Accident Inquiry (FAI) into the death of a patient with learning disabilities in Tayside had produced a draft action plan. Mrs Crocket confirmed that all the recommendations arising from the FAI would be implemented in Greater Glasgow, with a monitoring mechanism having been devised to ensure that action took place. The plan would be launched in April 2005 with a programme of training and education for ward managers in the acute sector, particularly in the areas where patients with learning disabilities most frequently presented, such as Out Patients, Burns and Plastic Surgery. Staff in the acute sector would be able to contact learning disability nurses for advice when such patients presented. The pan-Glasgow group would continue to function to monitor progress.

DECIDED:-

That a progress report on the implementation of the action plan should be sought in six months' time. **SECRETARY**

ACTION BY

7. QUARTERLY REPORT ON COMPLAINTS

Mrs Gordon presented the most recent reports that had been submitted to the Board on complaints covering the periods April to June 2004 and July to September 2004. In reference to the implementation of the new complaints procedure to be followed from 1 April 2005, she advised that the Board was still awaiting formal notification from the Scottish Executive. However the new system would have two stages: local resolution and, if unsatisfied with the outcome, the Ombudsman. The current system had an additional option of an independent review. Mrs Gordon also drew attention to the fact that with the disbandment of Local Health Councils on 31 March 2005 complainants would no longer be able to obtain their support in pursuing complaints. Consequently the Board had approached the Citizens Advice Bureau to take on this role, and training of their personnel was being organised.

NOTED

8. NHS GREATER GLASGOW CLINICAL GOVERNANCE ANNUAL REPORTS

Clinical Governance reports from the four Divisions in respect of the year 2003/4 had been received following the last meeting of the committee. The Chairman opened discussion on the formats of the Greater Glasgow Clinical Governance reports for 2003/4 and 2004/5 with particular reference to the impending re-organisation of Clinical Governance in the light of the new single system structure within NHS Greater Glasgow.

DECIDED:-

1. That the Greater Glasgow report for 2003/4 should consist of a preamble covering the objectives of Clinical Governance in general, followed by an outline of the objectives set by the four Divisions (then known as Trusts). The reports from the four Divisions would then be introduced with key points highlighted by each Division. **DIVISIONAL CLINICAL GOVERNANCE COMMITTEES/ SECRETARY**
2. That the Greater Glasgow report for 2004/5 should be presented in the context of the transition to the new single system structure and should reflect the Clinical Governance arrangements that would be announced within the next few months for the Acute Services and the Community Health Partnerships. In addition to reporting on activity in 2004/5 there should be an outline of the future focus of Clinical Governance and the objectives to be followed.

9. CLINICAL GOVERNANCE FOR NEW WAYS OF WORKING

The Scottish Ambulance Service (SAS) had sent the Board a discussion document prepared by Dr Andrew Marsden, Consultant Medical Director, relating to service developments and in particular the extended role of the ambulance paramedic. Comments from the committee had been invited.

ACTION BY

Dr Wallace drew attention to the section on the use of medicines. This stated that if Ambulance staff were administering medicines under a Patient Group Direction (PGD) it was the responsibility of the SAS Drug and Therapeutics Committee to develop and authorise the PGD. It was acknowledged that consequent tensions could arise between health board acute services and the SAS. Professor Sir John Arbuthnott highlighted the importance of a health board being fully aware of and satisfied about all the treatment being given to its patients.

DECIDED:-

1. That Dr Cowan would seek clarification on the current status of the paper from Dr Marsden and the extent of the response being invited from the Board. **Dr COWAN**
2. That Dr Cowan would discuss the paper with relevant management colleagues in Greater Glasgow to identify issues arising, which he would then raise with Dr Marsden. **Dr COWAN**

10. REPORTS AND COMMUNICATIONS FROM NATIONAL ORGANISATIONS

Since the last meeting of the committee copies of the following reports and communications from national organisations had been sent to the chairman of the committee as part of a wide distribution including Chief Executives and relevant Board and Divisional officers:

- NHS Quality Improvement Scotland – Risk Management Report (August 2004)
- NHS Quality Improvement Scotland – Report on Safe and Effective Care – Supporting NHS non-executive directors in putting clinical governance into practice (November 2004)
- NHS Quality Improvement Scotland – Report on the findings from the first stockade of clinical governance arrangements in NHS Scotland (November 2004)
- Scottish Executive Health Department – Letter on Local Decontamination of Instruments in Primary Care and Related Settings (November 2004)
- Scottish Executive Health Department – Consultation Document on the Risk Management of Healthcare Associated Infection: A proposed Methodology for NHS Scotland (November 2004)

NOTED

11. MINUTES OF MEETINGS OF DIVISIONAL CLINICAL GOVERNANCE COMMITTEES

Minutes of meetings of the four Divisional Clinical Governance Committees submitted since the last meeting were received.

Dr Wallace drew attention to the findings of a Mental Health Services Users Survey carried out in the Primary Care Division in June 2004. Patients discharged from the community service more than two weeks previously were asked to complete the survey anonymously that consisted of 12 questions arising from generic standards from the Clinical Standards Board. As a result of the survey an action plan had been developed within the Division.

Mr McLaughlin referred to concerns within the Primary Care Division about Clinical Governance responsibilities being based within one Community Health Partnership (CHP) to cover all CHPs and the adequacy of resource provision within that CHP to fulfil that role.

NOTED

12. MINUTES OF MEETINGS OF AREA CLINICAL EFFECTIVENESS COMMITTEE

The Minutes of the meetings of the Area Clinical Effectiveness Committee held on 18 August and 18 November 2004 were received.

Dr Cowan reported that the future role and structure of the Area Clinical Effectiveness Committee (ACEC) was part of the ongoing review of Clinical Governance/Clinical Effectiveness arrangements within the new single-system structure. He also drew attention to the work of the committee, outlined in the minutes, in seeking to establish a common system throughout the Divisions for ensuring SIGN Guidelines and NICE Guidance (Technological Appraisals) were being addressed. ACEC was aware of the pressure of work involved in this process arising from the volume of publications. There was added concern that there was now a requirement that some form of NICE Guidance (Technological Appraisals) should be implemented within a three-month period. As chairman of ACEC he would be meeting with the Board's Chief Executive to discuss the resource implications of this.

Professor Sir John Arbuthnott stressed that it was essential that the committee was satisfied that adequate systems were operating in Greater Glasgow to ensure that each guideline was being assessed and action taken to ensure that best practice was being carried out.

NOTED

13. MINUTES OF MEETINGS OF NHS GREATER GLASGOW CONTROL OF INFECTION COMMITTEE

The Minutes of the meetings of the NHS Greater Glasgow Control of Infection Committee held on 21 June 2004, 13 September 2004 and 13 December 2004 were received.

Dr Cowan drew attention to the production of the NHS Greater Glasgow Infection Control Policy Manual which had standardised policy and procedures throughout the Board's area. The committee would be ensuring that the policy was being applied throughout Greater Glasgow.

NOTED

14. MINUTES OF MEETING OF GREATER GLASGOW SPIRITUAL CARE COMMITTEE

The Minutes of the first meeting of the NHS Greater Glasgow Spiritual Care Committee held on 8 November 2004 were received.

Councillor Collins commented on the difficulties reported in the minutes in filling all the places for membership from faith groups and recommended that Glasgow City Council should be approached to advise on their method of obtaining such representation.

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15. DATE OF NEXT MEETING

The next meeting will be held on Thursday 23 June 2005 at 2.00pm in Greater Glasgow NHS Board, Dalian House, 350 St Vincent Street, Glasgow.

The meeting ended at 3.50pm